

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Society of Pension Professionals & Actuaries PAC

ADDRESS (number and street)

4245 N Fairfax Drive

Suite 750

☐ Check if different than previously reported. (ACC)

Arlington

VA

22203-1637

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00333104

3. IS THIS
REPORT☐NEW
(N)

OR

☒AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☒ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
11 23 2010

through

M M M / D D D / Y Y Y Y Y Y
12 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Brian H. Graff Esq.

Signature of Treasurer

Mr. Brian H. Graff Esq.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
02 16 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Society of Pension Professionals & Actuaries PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 11 / 23 / 2010 To: M M / D D / Y Y Y Y Y Y 12 / 31 / 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2010		104132.00
(b) Cash on Hand at Beginning of Reporting Period.....	92381.58	
(c) Total Receipts (from Line 19)	6500.00	120082.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	98881.58	224214.00
7. Total Disbursements (from Line 31)	4154.28	129486.70
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	94727.30	94727.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Society of Pension Professionals & Actuaries PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y
 11 23 2010

To:

 M M / D D / Y Y Y Y Y
 12 31 2010
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

5100.00

106276.00

(ii) Unitemized

1400.00

12006.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

6500.00

118282.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

300.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

6500.00

118582.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

1000.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

500.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

500.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

6500.00

120082.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

6500.00

119582.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3154.28	7900.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3154.28	7900.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	121586.50
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4154.28	129486.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4154.28	129486.70

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	6500.00	118582.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6500.00	118582.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	3154.28	7900.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	3154.28	7900.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Eileen Baldwin-Shaw

Mailing Address 6400 S Fiddlers Green Cir Ste 500

City State Zip Code
 Englewood CO 80111

FEC ID number of contributing
federal political committee.

C

Name of Employer

REPTECH Corporation

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 02 / 2010

Transaction ID : SA11AI.9921

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jerry Brockett

Mailing Address 9410 Gatetrail Drive

City State Zip Code
 Dallas TX 75238

FEC ID number of contributing
federal political committee.

C

Name of Employer

AutomatedPension.com

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 11 / 30 / 2010

Transaction ID : SA11AI.9911

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Mr. Michael W. Freedman

Mailing Address 30400 Telegraph Rd
 Suite 435

City State Zip Code
 Bingham Farms MI 48025-4537

FEC ID number of contributing
federal political committee.

C

Name of Employer

The Glass Freedman Company

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 12 / 14 / 2010

Transaction ID : SA11AI.9938

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

850.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian H. Graff Esq.

Mailing Address 4245 N. Fairfax Drive
Suite 750

City State Zip Code
Arlington VA 22203

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Society of Pension Actuaries

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2010

Transaction ID : SA11AI.9939

Amount of Each Receipt this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Brian S Hermann

Mailing Address 30400 Telegraph Rd
Ste 440

City State Zip Code
Bingham Farms MI 48025-4541

FEC ID number of contributing
federal political committee.

C

Name of Employer

Freedman Benefits Group

Occupation

CONSULTANT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 13 / 2010

Transaction ID : SA11AI.9937

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Yannis Koumantaros

Mailing Address 6402 19th Street W

City State Zip Code
Tacoma WA 98466-6130

FEC ID number of contributing
federal political committee.

C

Name of Employer

Spectrum Pension Consultants

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 29 / 2010

Transaction ID : SA11AI.9913

Amount of Each Receipt this Period

500.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. David G Leonard

Mailing Address 595 N Nova Road, Suite 204

City

Ormand Beach

State

FL

Zip Code

32174-4424

FEC ID number of contributing
federal political committee.

C

Name of Employer

DGL ASA

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 02 / 2010

Transaction ID : SA11AI.9915

Amount of Each Receipt this Period

100.00

Contribution

Full Name (Last, First, Middle Initial)

B. Norman Levinrad

Mailing Address PO Box 10108

City

Eugene

State

OR

Zip Code

97440-2108

FEC ID number of contributing
federal political committee.

C

Name of Employer

Summit Benefit & Actuarial Ser

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 15 / 2010

Transaction ID : SA11AI.9945

Amount of Each Receipt this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

C. Patricia M Monju

Mailing Address 400 Poydras Street
Suite 1840

City

New Orleans

State

LA

Zip Code

70130-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Horne Business Services, LLC

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

12 / 03 / 2010

Transaction ID : SA11AI.10463

Amount of Each Receipt this Period

50.00

PAC Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Patricia M Monju

Mailing Address 400 Poydras Street
Suite 1840

City State Zip Code
New Orleans LA 70130-3245

FEC ID number of contributing
federal political committee.

C

Name of Employer

Home Business Services, LLC

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 29 / 2010

Transaction ID : SA11AI.9949

Amount of Each Receipt this Period

50.00

Contribution

Full Name (Last, First, Middle Initial)

B. Sadie S H Pourfathi

Mailing Address 3150 Almaden Expy
Suite 241

City State Zip Code
San Jose CA 95118-1200

FEC ID number of contributing
federal political committee.

C

Name of Employer

CH Pension Service

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

12 / 02 / 2010

Transaction ID : SA11AI.9922

Amount of Each Receipt this Period

300.00

Contribution

Full Name (Last, First, Middle Initial)

C. Robert Ryan Puls

Mailing Address 4560 Via Royale, Suite 4A

City State Zip Code
Fort Myers FL 33919-1032

FEC ID number of contributing
federal political committee.

C

Name of Employer

Progressive Pension Administrators

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

12 / 15 / 2010

Transaction ID : SA11AI.9947

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 14
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Mark F. Shea

Mailing Address 131 Wayside Avenue

City State Zip Code
West Springfield MA 01089

FEC ID number of contributing
federal political committee.

C

Name of Employer

Pension & Benefits Associates

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 15 / 2010

Transaction ID : SA11AI.9943

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Ronald K Stair

Mailing Address 300 Garden City Plaza, Suite 200

City State Zip Code
Garden City NY 11530-3302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Creative Plan Designs, Ltd

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2010

Transaction ID : SA11AI.9914

Amount of Each Receipt this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Michael C Suder

Mailing Address 375 E Horsetooth Road, Bldg 6
Suite 101

City State Zip Code
Fort Collins CO 80525-3155

FEC ID number of contributing
federal political committee.

C

Name of Employer

PenSys, Inc

Occupation

Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 02 / 2010

Transaction ID : SA11AI.9916

Amount of Each Receipt this Period

250.00

Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Lynn M Young

Mailing Address 2415 E Cambelback Road
Suite 960

City State Zip Code
Phoenix AZ 85016-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coble Pension Group, LLC

Occupation
Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1625.00

Date of Receipt

M M / D D / Y Y Y Y Y
11 / 23 / 2010

Transaction ID : SA11AI.9908

Amount of Each Receipt this Period

125.00

Contribution

Full Name (Last, First, Middle Initial)

B. Lynn M Young

Mailing Address 2415 E Cambelback Road
Suite 960

City State Zip Code
Phoenix AZ 85016-4209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Coble Pension Group, LLC

Occupation
Pension consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y Y
12 / 29 / 2010

Transaction ID : SA11AI.10308

Amount of Each Receipt this Period

125.00

PAC Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

5100.00

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

American Society of Pension Professionals & Actuaries PAC

Category/
Type

7.95

MM / DD / YYYY

Category/
Type

5.90

Category/
Type

3000.00

3013.85

FEC Schedule B (Form 3X) Rev. 02/2003

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. SunTrust Bank

Mailing Address Post Office Box 85024

City
Richmond

State
VA

Zip Code
23285-5024

Purpose of Disbursement

Candidate Name

001

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 10 / 2010

Transaction ID : SB21B.9956

Amount of Each Disbursement this Period

140.43

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.43

3154.28

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 14

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Society of Pension Professionals & Actuaries PAC

Full Name (Last, First, Middle Initial)

A. Friends of Max Baucus

Mailing Address Post Office Box 586

City	State	Zip Code
Helena	MT	59624

Purpose of Disbursement

011

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		30		2010

Transaction ID : SB23.9953

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1000.00

1000.00